

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		3				
12		3				
13		3				
14		1				
15		1				
16	1					
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21	1	1				
22		1				
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50						
TOTAL IND.						
TOTAL DEP.						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						